Name:				
Date of Plan Development:				
Supports/Provider/Program:				
Team members developing plan:				
(If child or under guardianship)Parent or guardian involved in developing plan:				
Consent to use the plan given by (individual/ parent/guardian signature):				
Date parent/guardian provided consent to use:				
Need(s) (Specific statement related to Medical Necessity):needs help to interact with others without physical or verbal aggression. In the past these actions have resulted in (describe most severe results of episodes, list dates of most recent episodes):				
Support Plan Goal: (example: will meet and participate in the after school program with no episodes of physical or verbal aggression)				

Assessment for this Plan: (If the crisis safety plan strategies must be implemented more than 2 times in a month or 3 times in a quarter this is indication that more complete functional behavior assessment and development of a behavior support plan by a licensed professional is necessary).

Problem Behavior	(specify frequency,	intensity or o	duration):
	(Specif in Equation)		<i></i>

Possible Trigger Events: (what might happen that could result in it more likely that he will become upset and engage in the problem behavior?)

Possible precursor behaviors: (What might he do that tells you he is getting upset?)

Common result of the problem behaviors: (What has typically been the response of the staff when the problem behavior has happened in the past? Both adult/staff responses and reactions and his response/reactions to these). These may be necessary actions for safety, responses that are used to teach student to not engage in the problem behaviors, unplanned reactions – any of these may be acting to contribute to the problems continuing).

Adults/staff have done	Student responded by		

Prevention Steps					
Trigger Event (list each known event	Action to Take	Person Responsible	How long or how often should the actions be done?		
Precursor behaviors (list each	Action to Take	Person	How long or how often		
known behavior)	Action to Take	Responsible	should the actions be done?		

Criteria for directly addressing the problem behavior: (when do you move from prevention/de-escalation to trying to directly intervening or seeking assistance?

Criteria for escalating safety	Action to Take	Person	How long or how often
intervention		Responsible	should the actions be done?

Documentation of implementation of plan: (describe how use of any of safety crisis plan will be documented):

Communication of use of plan to other members of the team, including parents and support coordinator: (describe how and by whom the use of plan will be communicated):